

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	E.V.	J C 500	04/12/01
RESPONSE FORMALITY REVIEW			

8  
4-001

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	6/7/04	
2	✓		
3	✓		
4	✓		
5	✓		
6	✓		
7	✓		
8	✓		
9	✓		
10	✓		
11	✓		
12	✓		
13	✓		
14	0		
15	0		
16	0		
17	✓		
18	✓		
19	✓		
20	✓		
21	✓		
22	✓		
23	✓		
24	✓		
25	0		
26	0		
27	✓		
28	✓		
29	✓		
30	✓		
31	✓		
32	0		
33	0		
34	0		
35	✓		
36	✓		
37	✓		
38	✓		
39	✓		
40	✓		
41	0		
42	✓		
43	✓		
44	0		
45	✓		
46	✓		
47	0		
48	✓		
49	✓		
50	0		

Claim	Final	Original	Date
51	✓	6/7/04	
52	✓		
53	0		
54	✓		
55	✓		
56	0		
57	✓		
58	✓		
59	0		
60	✓		
61	✓		
62	✓		
63	✓		
64	✓		
65	✓		
66	✓		
67	✓		
68	0		
69	✓		
70	✓		
71	0		
72	✓		
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80	0		
81	✓		
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Claim	Final	Original	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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